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Section 1: Applicant General Information

1.a	Organization or Individual Name: _____ Date of Application: _____ <input type="checkbox"/> The application is being filed by an organization <input type="checkbox"/> The application is being filed by an individual (sole practitioner with no employees)
1.b	Mailing Address: Street (PO Box not acceptable): _____ City: _____ State: _____ Zip Code: _____ Telephone Number (XXX-XXX-XXXX): ____ - ____ - ____ Fax Number: ____ - ____ - ____ Organization Website: _____
1.c	Contact Person for the application process: Click here to enter text. Title of Contact Person: _____ Telephone Number: _____ Email Address: _____ Name of Company CEO (if different from contact person): _____
1.d	Type of Business Structure <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Public Entity <input type="checkbox"/> Corporation (S or C Corporation) <input type="checkbox"/> Other: _____
1.e	Profit Status of the organization: <input type="checkbox"/> not-for-profit <input type="checkbox"/> for-profit
1.f	Organizations tax identification number: FEIN _____ For an Individual fill in SSN: _____ Attach IRS verification of tax identification number. Mark as item 1.f
1.g	Entities doing business in Indiana, except for sole proprietorships, must be registered with the Secretary of State of Indiana. Attach Registration certificate of Incorporation. Mark the item 1.g
1.h	Assumed business name(s) (D/B/A) requires verification from the Secretary of State of Indiana. Attach Proof of Registration of any assumed name (DBAs), if applicable, from the office of the County Recorder for <u>each county</u> in which a place of business is located. Mark the item(s) 1.h
1.i.	Organization or Individual National Provider Number (NPI): _____

	<p>Organization or Individual does not have an NPI <input type="checkbox"/></p> <p>If NPI has been assigned, attach verification from the National Plan and Provider Enumeration System (NPPES). Mark the items as 1.i</p>
1.j.	<p>A provider shall secure and maintain insurance to cover:</p> <ul style="list-style-type: none">1) personal injury;2) loss of life; and3) property damage; to an individual caused by fire, accident, or other casualty arising from the provision of services to the individual by the provider.4) workers compensation (applies to organization employing staff) <p>Attached verification (Certificate of Coverage) of current liability and Workers Compensation (if applicable) coverage. Mark as item 1.j.</p>

Section 2: Business Organization and Operations

2.a.	<p>Listing of all staff positions (including vacancies). Indicate scheduled hours for each filled and vacant position.</p> <p>Mark as item 2.a.</p>
2.b.	<p>Current organizational chart. Must include all job positions in the organization (filled and vacant positions). Designate parent and subsidiary organizations (if applicable) and include details of all familial relationships within the organization.</p> <p>Mark as item 2.b.</p> <p>Note: Providers of environmental modification, personal response systems, specialized medical equipment and supplies and sole practitioners do not need to submit an organizational chart,</p>
2.c.	<p>Financial statement indicating current expenses and revenue.</p> <p>A provider shall provide and maintain the following information:</p> <ul style="list-style-type: none"> • Provider current expenses and revenues • Provider projected budgets outlining future operations. <p>A provider shall maintain financial records in accordance with generally accepted accounting and bookkeeping practices. The financial status of a provider shall be audited according to State Board of Accounts requirements and procedures.</p> <p>Attach financial documentation. Mark as item 2.c</p>
2.d.	<p>Line of Credit</p> <p>The Division of Disability and Rehabilitation Services requires verification of financial resources to cover operating expenses. Verification must be in the form of a current (within 30 days of the application date) letter from a financial institution documenting a <u>line of credit</u> or business loan. This verification must be in the name of the organization (not an individual). A loan from a private source, credit card with an available balance and revolving credit arrangements are not acceptable.</p> <p>The required amount of the Line of Credit varies by type of provider service. A minimum of \$35,000.00 is required for providers with the exception of the following: Music, recreational, physical, speech-language and occupational therapies, Environmental Modification, Specialized Medical Equipment and Supply and Personal Response systems – Line of Credit of \$3,000.00. Case Management minimums differ from the above. Refer to Case Management application for requirements.</p> <p>Attach verification from a financial institution in the amount shown above (based on service type). Mark as item 2.d.</p>

2.e.	<p>Proof of Managerial Ability: Provide a list of the principal parties in the organization (positions required vary based provider application type). Include documentation that substantiates these individuals possess the managerial skills to deliver the requested services and the ability to manage all aspects of being a provider. For each individual listed, submit the individual's:</p> <ul style="list-style-type: none"> – resume – diploma – transcripts – details of training and experience – proof of managerial ability <p>Mark documents as designated below (right side of table)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Owner(s):</td> <td style="width: 50%;">Mark supporting documents as item 2.e.1</td> </tr> <tr> <td>Executive Director:</td> <td>Mark supporting documents as item 2.e.2</td> </tr> <tr> <td>Program Director:</td> <td>Mark supporting documents as item 2.e.3</td> </tr> <tr> <td>Professional Manager:</td> <td>Mark supporting documents as item 2.e.4</td> </tr> <tr> <td>Registered Nurse:</td> <td>Mark supporting documents as item 2.e.5</td> </tr> <tr> <td>Other:</td> <td>Mark supporting documents as item 2.e.6</td> </tr> </table>	Owner(s):	Mark supporting documents as item 2.e.1	Executive Director:	Mark supporting documents as item 2.e.2	Program Director:	Mark supporting documents as item 2.e.3	Professional Manager:	Mark supporting documents as item 2.e.4	Registered Nurse:	Mark supporting documents as item 2.e.5	Other:	Mark supporting documents as item 2.e.6
Owner(s):	Mark supporting documents as item 2.e.1												
Executive Director:	Mark supporting documents as item 2.e.2												
Program Director:	Mark supporting documents as item 2.e.3												
Professional Manager:	Mark supporting documents as item 2.e.4												
Registered Nurse:	Mark supporting documents as item 2.e.5												
Other:	Mark supporting documents as item 2.e.6												

	<p>Verification of Systems Connectivity: Providers are required to maintain high-speed internet capability and sufficient technological capacity to submit required data electronically in a format and through a mechanism specified by the State of Indiana.</p> <p>Our organization is in compliance and will remain in compliance with the technology requirements specified above <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Section 3: Hiring, Employment and Employee Files

3.a	<p>Qualification requirements for all staff members:</p> <ul style="list-style-type: none"> – Be at least eighteen (18) years of age. – Demonstrate the ability to communicate adequately in order to: <ul style="list-style-type: none"> ▪ complete required forms and reports of visits; and ▪ follow oral or written instructions. – Demonstrate the ability to provide services according to the individual's ISP. – Demonstrate willingness to accept supervision. – Demonstrate an interest in and empathy for individuals. – A negative TB screening dated prior to the employee providing services for all employees/agents, including administrative and clerical staff, per 460 IAC 6-15-2(b)(1). (Most common documentation is a signed and dated statement from the health department or other entity authorized to screen for TB. Evidence of a negative chest x-ray is required for individuals with a positive TB skin test, followed by annual symptom screenings by a licensed medical professional. A health screening signed by a licensed medical professional is required in the case of pregnancy.). – For employees or agents that work with individuals, a record of current CPR certification by the American Red Cross, the American Heart Association, the National Safety Council, the American Health and Safety Institute, or the Emergency Care and Safety Institute. Excludes "hands-only" certification programs. <p>Do you agree to follow any and all renewal requirements and maintain proof of the above qualifications, for each individual staff member, and retain this information as a part of the individual's employment records.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3.b	<p>Documentation of Criminal History, Verification of Identification, Professional Registry Search and Verified Residency in the United States:</p> <p>Prior to any owner, director, officer, employee, contractor, subcontractor or agent performing any management, administrative or direct service to an Individual on behalf of a Provider company, the Provider shall obtain and retain as part of the personal history for each existing or proposed owner, director, officer, employee, contractor, subcontractor or agent, findings from:</p> <ul style="list-style-type: none"> – verification of identification; – criminal history search; and – verified residency status in the United States. <p>In addition to the above, a provider shall have a report from the state nurses aid registry of the Indiana state department of health certifying that each direct care staff has not had a finding entered into the state nurse aide registry.</p> <ul style="list-style-type: none"> – a professional registry search, including a state nurse aide registry search; and <p><u>Criminal History Search</u></p>

	<p>The criminal history search shall include a <u>search from each state and county</u>, wherever located, in which an owner, officer, director, employee, contractor, subcontractor or agent involved in the management, administration, or provision of services has resided and/or worked during the three (3) years before the criminal history is requested from the county. The Indiana State search must be an Indiana State Police Limited Criminal History Search. The criminal history shall include information regarding <u>felony convictions</u> of the following:</p> <ul style="list-style-type: none"> A sex crime; Battery; Neglect; Abuse; Exploitation of an endangered adult or of a child; Failure to report: <ul style="list-style-type: none"> Battery; Neglect; Abuse; or Exploitation of an endangered adult or of a child; Theft if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in 460 IAC-6-27-2-5(a)(5). Criminal conversion: Criminal deviate conduct; Murder; Voluntary manslaughter; Involuntary manslaughter; Offense relating to alcohol or a controlled substance. <p><u>Professional Registry Searches</u></p> <p>The professional registry searches, if applicable to the individual, shall verify that the owner, officer, director, employee, contractor, subcontractor or agent has not been cited for malpractice, malfeasance or other unprofessional actions.</p> <p>Information as described above shall be maintained by the Provider in a manner that allows for review at the time a verbal or written request is made by Division of Disability and Rehabilitative Services and/or Office of Medicaid Policy and Planning.</p> <p>Do you agree to execute the criminal history search, professional registry search (if applicable) and verify eligibility to work in the United States for <u>each employee or agent</u> hired by your organization and retain a copy of these searched as part of the employment records. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Submit a copy of each employee's criminal history search and professional registry search for professional staff and direct service provider staff. Search must be performed for all employees including owners, officers and directors.</p> <p>Mark each document as item 3.b</p>
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Section 4: Transportation

4.a	<p>Providers that transport individuals, even on a highly limited basis, are required to meet the requirements of 460 IAC 6-5-30. [Note: Organizations that are transportation providers, and bill for those services, must meet additional standards as detailed in Addendum D for transportation providers.]</p> <p>Providers are required to certify that any provider employee transporting individuals has the appropriate driver's license (operator's license; chauffeur's license; public passenger chauffeur's license; or commercial driver's license) to drive the type of motor vehicle for which the license was issued, per 460 IAC 6-5-30(b)</p> <p>Our agency verifies that employees who transport individuals have the appropriate and active driver's license. Proof of current and active drivers licenses are maintained by the provider in files designated for employment records. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
4.b	<p>Submit evidence that all vehicles used by the provider to transport individuals are:</p> <ul style="list-style-type: none"> – Maintained in good repair (documentation recording maintenance required), per 460 IAC 6-13-2 and 460 IAC 6-34-2 – Properly registered with the Indiana Bureau of Motor Vehicles, per 460 IAC 6-13-2 and 460 IAC 6-34-2 – Insured as required under Indiana law, per 460 IAC 6-13-2 and 460 IAC 6-34-3 <p>Our agency verifies the above and maintains proof of verification <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
4.c	<p><input type="checkbox"/> Our organization does not have any owned or leased vehicles</p> <p><input type="checkbox"/> Our organization does have owned and/or leased vehicles</p> <p>Documentation of liability insurance for all vehicles owned or leased by the provider to transport individuals covering:</p> <ul style="list-style-type: none"> – Personal injury, per 460 IAC 6-34-3(a) – Loss of life, per 460 IAC 6-34-3(2)(b)(2) – Property damage, per 460 IAC 6-34-3(2)(b)(3) <p>Provide certificates of insurance for each of the above coverages. Mark as item 4.c</p>

Policy and Procedures

Providers must have written policies and procedures as documented in Sections 5-21. If a service provider is exempt from submitting a policy, the exemption is noted in the column on the right. When preparing submission, please mark the individual policy/procedure with the numeric-alpha designation noted.

Section 5: Provider Complaint Procedure

5.a	<p>The provider is required to have a written procedure for handling complaints from individuals receiving services that includes:</p> <ul style="list-style-type: none">- Components for processing and decision making;- Mandate for processing and decision making to occur within two (2) weeks of receiving the complaint; and- Methods for informing individuals of the complaint procedure in writing, and in the individual's usual mode of communication. 460 IAC 6-8-3(4)(5) <p>Attach procedure. Mark as item 5.a</p>	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies</p>
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Section 6: Prohibiting Violations of Individual Rights

6.a	<p>The provider must have and produce written policies and procedures that prohibit its employees/agents from violating individuals' rights (460 IAC 6-9) including prohibition from :</p> <ul style="list-style-type: none"> • Abusing, neglecting, exploiting, and mistreating individuals 460 IAC 6-9-3(b)(1) • Violating an individual's rights 460 IAC 6-9-3(b)(2) • Corporal punishment which includes: forced physical activity; hitting; pinching; the application of painful or noxious stimuli; the use of electric shock; the infliction of physical pain. 460 IAC 6-9-3(c)(1); • Seclusion alone in an area from which exit is prohibited. 460 IAC 6-9-3(c)(2); • Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement or restraint; Cause the individual to experience emotional distress or humiliation; Cause others to view the individual with hatred, contempt, disgrace or ridicule; or Cause the individual to react in a negative manner. 460 IAC 6-9-3(c)(3); DDRS Policy: Protection of Individual Rights, eff. 2-28-11 • A practice which denies the individual of any of the following without a physician's order: Sleep; Shelter; Food; Drink; Physical movement for prolonged periods of time; Medical care or treatment; Use of bathroom facilities. 460 IAC 6-9-3(c)(4)(A); • A practice which denies the individual work or chores benefiting others without pay or pay below minimum wages unless: The Provider has obtained a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates; The services are being performed by an Individual in the Individual's own residence as a normal and 	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies</p>
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	<p>customary part of housekeeping and maintenance duties; or An Individual desires to perform volunteer work in the community. DDRS Policy: Protection of Individual Rights, eff.2-28-11;</p> <p>The provider must have and produce written policies and procedures which includes:</p> <ul style="list-style-type: none">• Conducting and participating in an investigation of an alleged violation of an individual's rights or reportable incident 460 IAC 6-9-4(k);• Reporting violations of the provider's policies and procedures to the provider 460 IAC 6-9-4(m);• Investigating rights violations and incidents which includes immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation or mistreatment from further abuse, neglect exploitation or mistreatment 460 IAC 6-9-4(k) <p>Attach documentation. Mark as item 6.a</p>	
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Section 7: Protection of An Individual – Health Status

7.a	<p>The provider must have and produce written policies and procedure for informing the individual of their services and health status on a regular basis as specified by the individual's ISP, of:</p> <ul style="list-style-type: none">- The individual's medical condition 460 IAC 6-9-4(b)(1)- The individuals developmental and behavioral status 460 IAC 6-9-4(b)(2)- The risks of treatment- The individual's right to refuse treatment <p>Attach procedure. Mark as item 7.a</p>	<p>Required of all providers with the exception of:</p> <p>Music therapy providers Occupational therapy providers Physical therapy providers Speech/Language therapy providers</p>
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Section 8: Protection of An Individual - Individual Freedoms

8.a	<p>The provider must have and produce a written protocol for:</p> <ul style="list-style-type: none"> - Ensuring that an individual is free from unnecessary medications and physical restraints 460 IAC 6-9-4(c) <p>Attach protocol. Mark as item 8.a</p>	<p>Required of all providers with the exception of:</p> <p>Music therapy providers Occupational therapy providers Physical therapy providers Speech/Language therapy providers</p>
8.b	<p>A provider shall establish a system (policies and procedures) and produce the documentation:</p> <ul style="list-style-type: none"> - to reduce an individual's dependence on medication and physical restraints - to ensure Than an individual has the opportunity for personal privacy <p>Attach documentation of system(s). Mark as item 8.b</p>	<p>Required of all providers with the exception of:</p> <p>Music therapy providers Occupational therapy providers Physical therapy providers Speech/Language therapy providers</p>
8.d	<p>The provider must have and produce a written protocol for ensuring individuals' rights as outlined in 460 IAC and DDRS Policies, to include:</p> <ul style="list-style-type: none"> - Is not compelled to provide services for a provider 460 IAC 6-9-4(f)(1); - Who works voluntarily for a provider is compensated at the prevailing wage, and commensurate with the individual's abilities 460 IAC 6-9-4(f)(2); <p>Attach protocol. Mark as item 8.d</p>	<p>Required of all providers with the exception of:</p> <p>Music therapy providers Occupational therapy providers Physical therapy providers Speech/Language therapy providers</p>
	<p>A provider shall establish a system (policies and procedures) and produce the documentation that ensures the individual:</p> <ul style="list-style-type: none"> - Has the opportunity to communicate, associate, and meet privately with persons of the individual's choosing 460 IAC 6-9-4(g)(1); - The means to send and receive unopened mail - Has access to a telephone with privacy for incoming and outgoing local and 	<p>Required of all providers with the exception of:</p> <p>Music therapy providers Occupational therapy providers Physical therapy providers Speech/Language therapy providers</p>

	<p>long distance calls at the individual's expense 460 IAC 6-9-4(f)(3);</p> <ul style="list-style-type: none"> - Provide an individual with the opportunity to participate in social, religious and community activities 460 IAC 6-9-4(h) - Protect an individual's funds and property from misuse or misappropriations - Has the right to retain and use appropriate personal possessions and clothing. 460 IAC 6-9-4(g-j) <p>Attached documentation outlining the systems. Mark as 8e.</p>	
8.f	<p>A provider shall establish and produce a written protocol specifying the responsibilities of the provider for:</p> <ul style="list-style-type: none"> – conducting an investigation; or – participating in an investigation; <p>of an alleged violation of an individual's rights or a reportable incident. The system shall include taking all immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation, or mistreatment from further abuse, neglect, exploitation, or mistreatment.</p> <p>A provider shall establish a system (policies and procedures) and produce the documentation for:</p> <ul style="list-style-type: none"> – administrative action against; – disciplinary action against; and – dismissal of; <p>an employee or agent of the provider, if the employee or agent is involved in the abuse, neglect, exploitation, or mistreatment of an individual or a violation of an individual's rights.</p> <p>A provider shall establish and produce a written procedure for employees or agents of the provider to report violations of the provider's policies and procedures to the provider.</p>	<p>Required of all providers with the exception of:</p> <p>Music therapy providers Occupational therapy providers Physical therapy providers Speech/Language therapy providers</p>

	<p>A provider shall establish and produce a written procedure for the provider or for an employee or agent of the provider for informing:</p> <ul style="list-style-type: none">– adult protective services or child protection services, as applicable;– an individual's legal representative, if applicable;– any person designated by the individual; and– the provider of case management services to the individual; <p>of a situation involving the abuse, neglect, exploitation, mistreatment of an individual, or the violation of an individual's rights.</p> <p>A provider shall establish a written protocol for reporting reportable incidents to the BDDS as required by 460 IAC 6-9-4</p> <p>Attached documentation outlining the systems and protocols. Mark as 8f.</p>	
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Section 9: Personnel Policy

9.a	<p>A policy detailing the documentation that must be contained in the provider's employees' or agents' files is required. The policy must detail the following information will be maintained:</p> <ul style="list-style-type: none">▪ Verification that the staff is at least 18 years of age, per 460 IAC 6-14-5(1);▪ Evidence that a criminal history search was obtained from every state (including the Indiana Central Repository at www.mycase.org) and county, wherever located, in which an owner, officer, director, employee, contractor, subcontractor, or agent involved in the management, administration, or provision of services has resided and/or worked during the three years before the criminal history investigation was requested at the time of hiring, per 460 IAC 6-10-5(b)(9)(d) and DDRS Policy;▪ Copy of a current driver's license for each employee/agent who transports individuals in a motor vehicle, per 460 IAC 6-15-2(b)(6)▪ For employees or agents who transport individuals in their personal automobiles: Proof of current automobile insurance, per 460 IAC 6-15-2(3) and 460 IAC 6-34-3;▪ A negative TB screening dated prior to the employee providing services for all employees/agents, including administrative and clerical staff, per 460 IAC 6-15-2(b)(1). (Most common documentation is a signed and dated statement from the health department or other entity authorized to screen for TB. Evidence of a negative chest x-ray is required for individuals with a positive skin test, followed by annual symptom screenings by a licensed medical professional. A health screening signed by a licensed medical professional is required in the case of pregnancy.);▪ For employees or agents that work with individuals, a record of current CPR certification by the American Red Cross, the	Policy is required of all providers with the exception of: Sole Practitioners
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	<p>American Heart Association, the National Safety Council, the American Health and Safety Institute, or the Emergency Care and Safety Council, per 460 IAC 6-15-2(b)(2). Excludes "hands-only" certification programs.</p> <ul style="list-style-type: none"> ▪ Copies of current licensure, certification, or registration for employees and/or agents whose job duties require such, per 460 IAC 6-15-2(b)(5) ▪ Verification of a professional nurse registry search for professionally-licensed employees (including the owner, officer, director, employee, contractor, subcontractor or agent) that is free of citations for malpractice, malfeasance, or other unprofessional actions per 460 IAC 6-10-5(d) and DDRS Policy: Documentation of Criminal Histories. <p>Attach policy specifying the above requirements. Mark as item 9.a</p>	
9.b	<p>The provider must submit a written personnel policy that contains required components (460 IAC 6-16-2; 6-16-3; 6-16-4), including:</p> <ul style="list-style-type: none"> ▪ How policy is reviewed and updated as appropriate 460 IAC 6-16-2(a)(1); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11 ▪ Policy distribution to employees and agents ▪ Procedure(s) for conducting reference and employment checks. 460 IAC 6-16-2(b)(2) - Prohibition against employing or contracting with a person who has been convicted of any of the following offenses (felony): - Sex crime; - Battery; - Neglect; - Exploitation of an endangered adult or of a child; 	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Sole Practitioners</p>

	<ul style="list-style-type: none"> - Failure to report battery, neglect, or exploitation of an endangered adult or of a child; - Theft, if the conviction occurred less than 10 years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5); - Criminal conversion; - Criminal deviate conduct; - Murder; - Voluntary manslaughter; - Involuntary manslaughter; - Offense related to alcohol or a controlled substance ▪ A prohibition against hiring people without verified United States residency status. DDRS Policy: Employment of Persons with Conviction of Prohibited Offenses or Non-Residency Status 2-21-11; ▪ A process for evaluating the job performance of each employee and/or agent at the end of their training period and annually thereafter. 460 IAC 6-16-2(b)(4); ▪ A process for evaluating the job performance of each employee and/or agent that includes feedback from individuals receiving services from the employee and/or agent. 460 IAC 6-16-2(b)(4); ▪ A description of the work-related behavioral criteria used by the provider to initiate substance abuse screenings with its owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11; ▪ Disciplinary procedures, that include: <ul style="list-style-type: none"> - A process for suspending staff following a report of, and during an investigation of alleged abuse, neglect, or exploitation; 	
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	<ul style="list-style-type: none"> - A description of grounds for disciplinary action against or dismissal of an employee or agent. 460 IAC 6-16-2(b)(5)(6); ▪ Safeguards that ensure compliance with HIPAA and all other Federal and State privacy laws. DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11; ▪ Written job description for each position that includes: 460 IAC 6-16-2(b)(1), DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11; - Minimum qualifications for the position; - Major duties required of the position; - Responsibilities of the employee in the position; - The name/title of the supervisor to whom the employee in the position must report; ▪ Positions should match the positions noted on the organizational chart. <p>Attach documentation. Mark as item 9.b</p>	
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Section 10: Written Training Procedure

10.a	<p>The provider shall have a written training procedure that is consistent with 460 IAC 6-14-4, 6-16-3, and DDRS Policies, including:</p> <ul style="list-style-type: none"> ▪ Reviewed and updated as appropriate 460 IAC 6-16-2(a)(1); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11 ▪ Distributed to employees and agents ▪ Mandatory orientation for each new employee/agent to assure the employee/agents' understanding of and compliance with the mission, goals, organization and applicability of 460 IAC Article 6. 460 IAC 6-16-3(b)(1); DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11 	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, SOLO</p>
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	<p>Includes a system for documenting the training for each employee/agent including:</p> <ul style="list-style-type: none"> • The topic of training provided; • The name and qualifications of the trainer; • The duration of the training (the time of day the training started and stopped); • The date or dates of training; • The signature of the trainer verifying satisfactory completion of the training by the owner, director, officer, employee, contractor, subcontractor or agent; • The signature of the owner, director, officer, employee, contractor, subcontractor or agent. 460 IAC 6-16-3(b)(2)(A); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11 • A system for ensuring that a trainer has sufficient expertise and knowledge of the subject to achieve the listed outcomes; and is certified or licensed when the training topic addresses services or interventions requiring certified or licensed practitioners for assessment, plan development, or monitoring. 460 IAC 6-16-3(b)(3); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11; <p>A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an individual on behalf of a Provider company shall receive initial and at minimum annual training in the protection of an Individual's rights, including:</p> <ul style="list-style-type: none"> • Respecting the dignity of an individual; • Protecting an individual from Abuse, Neglect, and Exploitation; and • DDRS incident reporting, including: DDRS's current policy on incident reporting; the Provider's incident reporting policies and procedures. <p>Attach procedure. Mark as item 10.a</p>	
10.b	For Direct Support Professional Staff, a system for providing initial training (prior to delivering	Required of all providers with the exception of: Case Management,

	<p>services to an individual) and continuous employee competence in the following additional areas:</p> <p>The DDRS approved core areas of competencies:</p> <ul style="list-style-type: none"> - Person centered planning; - Protection against abuse, neglect, or exploitation; - Health and wellness; - Communication; - Medication administration and medication side effects; - First Aid and CPR <p>Refer to DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11 for specific list)</p> <ul style="list-style-type: none"> - Physical intervention techniques needed for emergency behavioral supports; and Individual specific interventions. 460 IAC 6-16-3(b)(4)(A); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11; DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11. - Be trained to competency in the individual specific interventions for each individual they are working with, including but not limited to the individual's: Health and risk needs; Behavioral supports; Diet and nutrition needs; Swallowing difficulties; Medication administration needs; Side effects for prescribed medications; Mobility needs; Means of communication and corresponding; and Outcomes and strategies included in the Individualized Support Plan (ISP). <p>Attach procedure. Mark as item 10.b</p>	<p>Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy, SOLO</p>
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Section 11: Behavioral Support Services

11.a	<p>Requirement to have written policies and procedures that limit the use of restrictive procedures according to 460 IAC and DDRS Policies, including:</p> <ul style="list-style-type: none"> Limit the use of restrictive procedures, including physical restraint or medication. 460 IAC 6-18-3(1); DDRS Policy: Behavioral Support Plan eff. 2-21-11 Focus on behavioral supports that begin with less restrictive/intrusive methods before more intrusive/restrictive methods are used. 460 IAC 6-18-3(2) <p>Attach policy and procedure. Mark as item 11.a</p>	For Behavioral Support Service Providers ONLY. Excludes all other services with the exception of Behavior Management Levels 1 and 2 and Intensive Behavioral Management
11.b	<p>Written policies that specify a commitment to develop Behavior Support Plans (BSPs) within the following timeframes:</p> <ul style="list-style-type: none"> Complete functional behavioral assessment of an individual within 45 days of either: The Individualized Support Team (IST) identifying and documenting unwanted behavior when the IST includes a behavioral support services provider; or The addition of a behavioral support services provider to an individual's IST following identification and documentation of unwanted behavior. Develop individual's BSP within 14 days of completing the behavioral assessment; Implement individual's BSP within 14 days of developing the BSP. DDRS Policy: Behavioral Support Plan eff. 2-21-11 <p>Attach policy and procedure. Mark as item 11.b</p>	For Behavioral Support Service Providers ONLY. Excludes all other services with the exception of Behavior Management Levels 2 and Intensive Behavioral Management
11.c	<p>Policies and procedures directing staff to include the following information in BSPs:</p> <ul style="list-style-type: none"> Identifying information for the individual; Operational definition for alternate or replacement behaviors to be increased or taught; Alternate or replacement behavior objectives; 	For Behavioral Support Service Providers ONLY. Excludes all other services with the exception of Behavior Management Levels 1 and 2 and Intensive Behavioral Management

	<ul style="list-style-type: none"> • Data collection instruction for alternate or replacement behaviors to be increased or taught; • Operational definition for targeted behaviors to be decreased; • Data collection instructions for targeted behaviors to be decreased; • Pro-active or preventative strategies; • Reactive or de-escalation strategies; • Signature page that includes the individual's, or the individual's legal representative, and the author's signatures <p>Policies and procedures must also include staff direction to include restrictive interventions:</p> <ul style="list-style-type: none"> • For psychotropic medications: The listing of psychotropic medications prescribed; The diagnosis for which each psychotropic medication is prescribed; The physician prescribing psychotropic medications; The side effects of each psychotropic medication; The list of behavioral and other data and information the IST will provide to the prescribing physician, and the frequency at which it will be provided; The psychotropic medication management plan by the prescribing physician that incorporates the data and information from the IST and addresses the starting, stopping, and adjusting of the psychotropic medication; • For PRN psychotropic medications: The steps to be taken prior to administration and during the administration of a PRN psychotropic medication; The mandate for an IST meeting as soon as possible, but no later than 3 business days following each usage of a PRN psychotropic medication; The mandate to file a BQIS/BDDS incident report following every usage of a PRN psychotropic medication; • Risk versus benefits analysis for restrictive interventions; • Signature page that includes: The individual's, or the individual's legal 	
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	<p>representative, signature confirming informed consent for the BSP The author's signature; and The Human Rights Committee (HRC) Chairperson, following a statement confirming HRC review and approval of the BSP. DDRS Policy: Behavioral Support Plan eff. 2-21-11; DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11</p> <p>Policies and procedures must also include staff direction to include restraints:</p> <ul style="list-style-type: none"> • A directive for release from restraint when the individual no longer presents a risk of harm to self or others; • Measures to be initiated in the event of injury from restraint; • Documentation of the person(s) executing the restraint; • Documentation of the times and duration of restraint and the times and duration of any attempted release from restraint; • Documentation of the individual's response to each restraint usage; and • A directive to file a BQIS/BDDS incident report following each restraint usage. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11 • Assess all efforts at positive behavioral and environmental supports on a regular basis and at a minimum provide quarterly reports to the IST of progress that includes graphs of both targeted behavior and replacement behavior. DDRS Policy: Behavioral Support Plan eff. 2-21-11 • Outline competency based training procedures for an individual's BSP with either direct service staff or each of the individual's service providers' supervisory staff. DDRS Policy: Behavioral Support Plan eff. 2-21-11; DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11 <p>Attach policy and procedure. Mark as item 11.c</p>	
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Section 12: Emergency Behavioral Supports

12.a	<p>A written policy is required that complies with 460 IAC and DDRS policies for addressing behavioral emergencies, which includes:</p> <p>The provider will have a written policy/procedure that includes the following:</p> <ul style="list-style-type: none"> • Specific, defined emergency interventions to be used for behavioral emergencies; • Any appropriately trained staff that is authorized to select and initiate an emergency intervention; • Training needed for staff prior to implementing emergency interventions. <p>Directions for documenting:</p> <ul style="list-style-type: none"> • A description of the behavioral emergency; • A description of the emergency intervention implemented; • The person(s) implementing the emergency intervention; • The duration of the emergency intervention; • The individual's response to the emergency intervention. <p>A mandate for the provider to convene an IST meeting as soon as is possible, but no later than three (3) business days, following the behavioral emergency to discuss the behavioral emergency, the emergency intervention used, and the supports needed to minimize future behavioral emergencies</p> <p>A mandate that provider staff receive training on the written policy describing the process to be used for a behavioral emergency, prior to working with individuals. 460 IAC 6-10-13(a); DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11</p> <p>The provider's policy identifies the following conditions that must exist for a restrictive intervention to be used without being planned:</p> <ul style="list-style-type: none"> • An unanticipated behavioral emergency is occurring; 	<p>Required of all providers with the exception of: Behavior Management - Level 1, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies</p>
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	<ul style="list-style-type: none"> • An individual's behavior poses an imminent threat of harm to self or others; • There is no approved BSP for the individual that addresses the behavioral emergency, or there is an approved plan but it has been found to be ineffective and a more restrictive intervention is indicated based upon the individual's behavioral emergency; • The intervention chosen is determined to be the least restrictive measure required to quell the unanticipated behavioral emergency. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11 <p>The provider's policy directs its staff to convene an IST meeting as soon as possible, but no later than two (2) business days following a behavioral emergency when a restrictive intervention was used. The purpose of this meeting is to plan supports to minimize any future necessity for emergency response, including but not limited to:</p> <ul style="list-style-type: none"> • Conducting assessments or reassessments based upon any changes in the individual's health or behavioral status; • Making environmental adjustments, as may be indicated; <p>Attach policy. Mark as item 12.a</p>	
12.b	<p>A written policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies, which includes:</p> <ul style="list-style-type: none"> • Adding a behavioral support services provider to the IST, if indicated <p>Attach policy. Mark as item 12.b</p>	Required of all providers with the exception of: Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies
12.c	<p>A written policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies, which includes:</p> <ul style="list-style-type: none"> • Developing or revising the individual's BSP, as may be indicated. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11 <p>Attach policy. Mark as item 12.c</p>	Required of all service providers with the exception of: Behavior Management - Basic & Intensive Behavioral Intervention

12.d	<p>A written policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies, which includes:</p> <ul style="list-style-type: none"> Any agreed upon supports should be documented by the case manager and implemented as soon as possible, but no later than 30 days from the IST meeting. DDRS Policy: Use of Restrictive Interventions, eff. 2- 28-11 Prohibition against restraint used for convenience or discipline. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11 Prohibition against prone restraint where an individual is face down on their stomach. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10 <p>Prohibition against use of any aversive technique including but not limited to:</p> <ul style="list-style-type: none"> Contingent exercise; Contingent noxious stimulation; Corporal punishment; Negative practice; Overcorrection; Seclusion; Visual or facial screening; Any other technique that incorporates the use of painful or noxious stimuli; incorporates denial of any health related necessity; or degrades the dignity of an individual. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10. Mechanical restraints except for when ordered as a medical restraint by a licensed physician or dentist. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10 <p>Attach policy. Mark as item 12.d</p>	<p>Required of all providers with the exception of: Case Management, Behavior Management - Level 1, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies</p>
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Section 13: Conflicts of Interest & Ethics

13.a	<p>A written conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements, and includes the following:</p> <p>The provider's conflict of interest policy should:</p> <ul style="list-style-type: none"> • State that situations involving conflicts of interest by an owner, director, agent, employee, contractor, subcontractor or officer performing any management, administrative or direct service to an individual shall be avoided. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11; • Require disclosure of possible conflicts of interest by all of the provider's owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11. <p>The provider's code of ethics requires all owners, directors, officers, employees, contractors, subcontractors or agents to:</p> <ul style="list-style-type: none"> • State that situations involving conflicts of interest by an owner, director, agent, employee, contractor, subcontractor or officer performing any management, administrative or direct service to an individual shall be avoided. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11; • Require disclosure of possible conflicts of interest by all of the provider's owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11. • Provide professional services with objectivity and respect for the unique needs and values of the individual being provided services; • Provide sufficient objective information to enable an individual, or the individual's legal representative, to make informed decisions; • Avoid discrimination on the basis of factors that are irrelevant to the provision of services. DDRS Policy: Provider Code of Ethics, eff. 2-28-11 	Required of all providers
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<ul style="list-style-type: none"> • Accurately present professional qualifications; • Assume responsibility and accountability for personal competence in providing services; • Maintain professional licensure or accreditation; • Adhere to acceptable standards for the owner, director, officer, employee, contractor, subcontractor or agent's area of professional practice; • Comply with all laws and regulations governing a licensed or accredited person's profession; • Maintain the confidentiality of individual information consistent with the standards of IAC 460 and all other state and federal laws and regulations governing confidentiality of individual information; • Conduct all practice with honesty, integrity, and fairness; • Fulfill professional commitments in good faith; and • Inform the public and colleagues of services by using factual information. DDRS Policy: Provider Code of Ethics, eff. 2-28-11 <p>The provider's code of ethics must state the provider's commitment to:</p> <ul style="list-style-type: none"> • Make reasonable efforts to avoid bias in any kind of professional evaluation; • Not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse or neglect, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. DDRS Policy: Provider Code of Ethics, eff. 2-28-11; • Notify the appropriate party of any unprofessional conduct that may jeopardize an individual's safety or influence the individual or individual's representative in any decision making process. DDRS Policy: Provider Code of Ethics, eff. 2-28-11. 	
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	<p>The provider's code of ethics must prohibit:</p> <ul style="list-style-type: none"> • Advertising or marketing in a misleading manner; • Engaging in uninvited solicitation of potential individuals, who are vulnerable to undue influence, manipulation, or coercion. DDRS Policy: Provider Code of Ethics, eff. 2-28-11 <p>The provider will produce a policy that is consistent with 460 IAC 6-1-1 and includes:</p> <ul style="list-style-type: none"> • Prohibitions against giving gifts to state employees, special state appointees, the spouse or un-emancipated child of an employee, the spouse or un-emancipated child of a special state appointee, an individual potentially receiving services from the provider, and any guardian or family member of an individual potentially receiving services from the provider; <p>Ethical safeguards and guidelines limiting the provision of gifts to an individual receiving service from the provider and any guardian or family member of an individual receiving service from the provider. DDRS Policy Provider Code of Ethics. Eff. 2-28-11.</p> <p>Attach documentation. Mark as item 13.a</p>	
13.b	<p>A written conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements, and includes the following:</p> <p>The provider will produce a policy in compliance with IC 22-5-3-3 that will include protections for whistleblowers who report:</p> <ul style="list-style-type: none"> • Allegations of abuse or neglect of an individual; violation of provider's policies and procedures; violation of DDRS policies and procedures; and violation of state and federal laws. DDRS Policy: Provider Code of Ethics, eff. 2-28-11 <p>Attach policy. Mark as item 13.b</p>	Required of all providers with the exception of solo practitioners

Section 14: Transfer of Individual Records

14.a	<p>The provider's policy regarding the transfer of individual's records upon change of provider shall comply with the state's requirements outlined in 460 IAC 6-9-6 and include:</p> <p>The provider's written policy shall include:</p> <ul style="list-style-type: none"> • Discuss with the individual the new provider's need to obtain a copy of the previous provider's records and files concerning the individual 460 IAC 6-9-6 (a)(1); • Provide the individual with a written form used to authorize the release of a copy of the records and files concerning the individual to the new provider 460 IAC 6-9-6 (a)(2); and • Require the current provider to request the individual to sign the release form 460 IAC 6-9-6 (a)(3) • Forward a copy of all of the individual's records and files to the new provider no later than 7 days after receipt of the individual's signed written release. 460 IAC 6-9-6 (b) <p>Attach policy. Mark as item 14.a</p>	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies</p>
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Section 15: Individual's Personal File at the Site of Service Delivery

15.a	<p>The provider shall have a written policy that complies with 460 IAC and DDRS policies for maintaining the individual's personal file, at the site of service delivery, must contain:</p> <ul style="list-style-type: none"> • The individual's current ISP. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 • A photograph of the individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 <p>Telephone numbers for emergency services that may be required by the individual to include at a minimum:</p> <ul style="list-style-type: none"> • The individual's current ISP. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 • A photograph of the individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 • The local emergency number, for example, 911; • The individual's legal representative, if applicable; • The local BDDS office; • The individual's case manager; • Adult Protective Services or Child Protection Services, as applicable; • The Developmental Disabilities Waiver Ombudsman; • Other service providers as documented in the individual's ISP; • Any other telephone number identified for inclusion by the individual or the individual's legal representative. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 	<p>Required of all providers with the exception of: Respite, Case Management, Community Habilitation, Extended Services, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy</p>
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	<p>The individual's, or the individual's legal representative, consent for emergency treatment. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>Systems outlined in the Health Care Coordination policy, as indicated for the individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>The individual's history of allergies, if applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>If responsible for providing health supports or health coordination, copies of medical, dental and vision services summary documentation to include:</p> <ul style="list-style-type: none"> • The most current medical, dental and vision consults and summary documentation, regardless of date of visit or service; and • All medical, dental and vision consults and summary documentation for visits or services during the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 <p>A copy of the individual's risk plans, as applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>All risk plan documentation for the past 60 days. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>All medication administration recording forms for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal</p>	
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	<p>Information: Site of Service Delivery, eff. 2-28-11</p> <p>Documentation of:</p> <ul style="list-style-type: none"> • Changes in the individual's physical condition or mental status during the last two months; • An unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last two months; and • The response of each provider to the observed change or unusual event. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 <p>A copy of the individual's Behavioral Support Plan (BSP), if applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>All behavioral support services documentation for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>If an individual's outcomes include bill paying and other financial matters and the provider is the residential provider or the representative payee:</p> <ul style="list-style-type: none"> • The individual's checkbook with clear documentation that the checkbook has been balanced; and • Bank statements with clear documentation that the bank statements and the individual's checkbook have been reconciled. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11 <p>All ISP outcome directed documentation for the previous two months. 460 IAC 6-17-3 (a)(1)(2);</p>	
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	<p>DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>A listing of all adaptive equipment used by the individual that includes contact information for the person or entity responsible for replacement or repair of each piece of adaptive equipment? 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>All environmental assessments conducted during the previous two months, with the signature of the person or persons conducting the assessment on the assessment. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11</p> <p>Attach policy. Mark as item 15.a</p>	
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Section 16: Termination of Services

16.a	<p>The providers written policy for providing notification of termination of services must meet 460 IAC 6-9-7 requirements, including:</p> <ul style="list-style-type: none">• Giving an individual and an individual's representative at least 60 days written notice before terminating the individual's services if the services being provided to the individual are of an ongoing nature. 460 IAC 6-9-7 (a)• Participate in the development of a new or updated ISP prior to terminating services. 460 IAC 6-9-7 (b)(1)• Continue providing services to the individual until a new provider providing similar services is in place. 460 IAC 6-9-7 (b)(2) <p>Attach policy. Mark as item 16.a</p>	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies</p>
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Section 17: Individual's Personal File, Providers Office

17.a	<p>The provider shall have a written policy that complies with 460 IAC and DDRS policies for maintaining the individual's personal file, at the provider's office. This file must contain:</p> <ul style="list-style-type: none"> • A duplicate copy of the site of service file. 460 IAC 6-17-4 (a); DDRS Policy: Individual's Personal Information: Provider's Office, eff. 2-28-11 (With the exception of the prior or previous two months' of documentation that is maintained at the site of service delivery as described in the DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11) <p>Attach policy. Mark as item 17.a</p>	<p>Required of all providers with the exception of: Respite, Case Management, Community Habilitation, Extended Services, Workplace Assistance, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy</p>
17.b	<p>The provider shall have a written policy that complies with 460 IAC and DDRS policies for maintaining the individual's personal file, at the provider's office. This file must contain:</p> <p>A requirement to analyze and update documentation:</p> <ul style="list-style-type: none"> • According to the standards under IAC 460 Article 6 applicable to the services the provider is providing to an individual. 460 IAC 6-17-2 (d)(1); • According to the professional standards applicable to the provider's profession. 460 IAC 6-17-2 (d) (2); and According to the individual's ISP. 460 IAC 6-17-2 (d)(3) • Residential Habilitation, Participant Assistance Care, Adult Day Service, Community Habilitation, Facility Habilitation, Facility Based Support Services, Pre Vocational, Extended Services, Workplace Assistance - providers are required to document at least monthly. Respite, Structured Family Caregiver, Case Management, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Psychological Therapy, Speech Therapy, Music Therapy, Occupational Therapy, Physical Therapy, Recreational 	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies</p>

	<p>Therapy, Transportation - providers are required to document at least every 90 days. DDRS Policy: Maintenance of Records of Services Provided.</p> <p>Attach policy. Mark as item 17.b</p>	
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Section 18: Incident Reporting

18.a	<p>The provider must have a written policy that complies with 460 IAC and DDRS policies, which include:</p> <ul style="list-style-type: none"> • Reporting alleged, suspected or actual abuse, (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to: • Physical abuse, including but not limited to: intentionally touching another person in a rude, insolent or angry manner; willful infliction of injury; unauthorized restraint or confinement resulting from physical or chemical intervention; rape. • Sexual abuse, including but not limited to: nonconsensual sexual activity; sexual molestation; sexual coercion; sexual exploitation. • Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement or restraint; Cause the individual to experience emotional distress or humiliation; Cause others to view the individual with hatred, contempt, disgrace or ridicule; Cause the individual to react in a negative manner. • Domestic abuse, including but not limited to: physical violence; sexual abuse; emotional/verbal abuse; intimidation; economic deprivation; threats of violence; from a spouse or cohabitant intimate partner. <p>Reporting alleged, suspected or actual neglect (which must also be reported to Adult Protective Services or Child Protective Services, as indicated) which includes but is not limited to:</p> <ul style="list-style-type: none"> • Failure to provide appropriate supervision, care, or training; 	<p>Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies and Vehicle Modification</p>
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	<ul style="list-style-type: none"> • Failure to provide a safe, clean and sanitary environment; • Failure to provide food and medical services as needed; • Failure to provide medical supplies or safety equipment as indicated in the Individualized Support Plan (ISP). <p>Reporting alleged, suspected or actual exploitation (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:</p> <ul style="list-style-type: none"> • Unauthorized use of the: personal services; personal property or finances; or personal identity of an individual; • Other instance of exploitation of an individual for one's own profit or advantage or for the profit or advantage of another. <p>Reporting Peer-to-peer aggression that results in significant injury by one individual receiving service, to another individual receiving services.</p> <p>Reporting death (which must also be reported to Adult Protective Services or Child Protective Services, as indicated). Additionally, if the death is a result of alleged criminal activity, the death must be reported to law enforcement.</p> <p>Reporting a service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.</p> <p>Reporting a fire at a service delivery site that jeopardizes or compromises the health or welfare of an individual.</p> <p>Reporting elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare.</p>	
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	<p>Reporting a missing person when an individual wanders away and no one knows where they are.</p> <p>Reporting alleged, suspected or actual criminal activity by an individual receiving services or an employee, contractor or agent of a provider, when:</p> <ul style="list-style-type: none"> • The individual's services or care are affected or potentially affected; • The activity occurred at a service site or during service activities; or • The individual was present at the time of the activity, regardless of location. <p>Reporting an emergency intervention for the individual resulting from:</p> <ul style="list-style-type: none"> • A physical symptom; • A medical or psychiatric condition; • Any other event. <p>Reporting any injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation.</p> <p>Reporting any injury to an individual when the cause of the injury is unknown and the injury requires medical evaluation or treatment.</p> <p>Reporting a significant injury to an individual that includes but is not limited to:</p> <ul style="list-style-type: none"> • A fracture; • A burn, including sunburn and scalding, greater than first degree; • Choking that requires intervention including but not limited to: Heimlich maneuver; finger sweep; or back blows; • Bruises or contusions larger than three inches in any direction, or a pattern of bruises or contusions regardless of size; • Lacerations which require more than basic first aid; • Any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity; 	
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	<ul style="list-style-type: none"> • Any injury requiring more than first aid; • Any puncture wound penetrating the skin, including human or animal bites; • Any pica ingestion requiring more than first aid; • A fall resulting in injury, regardless of the severity of the injury. <p>Reporting a medication error or medical treatment error as follows:</p> <ul style="list-style-type: none"> • Wrong medication given; • Wrong medication dosage given; • Missed medication - not given; • Medication given wrong route; or • Medication error that jeopardizes an individual's health and welfare and requires medical attention. <p>Reporting use of any aversive technique including but not limited to:</p> <ul style="list-style-type: none"> • Seclusion (i.e. placing an individual alone in a room/area from which exit is prevented); • Painful or noxious stimuli; • Denial of a health related necessity; • Other aversive technique identified by DDRS policy. <p>Reporting use of any PRN medication related to an individual's behavior.</p> <p>Reporting use of any physical or mechanical restraint regardless of:</p> <ul style="list-style-type: none"> • Planning; • Human rights committee approval; • Informed consent. <p>In response to an incident, Call 911 if indicated.</p> <p>In response to an incident, Initiate safety actions for the individual as is indicated and as is possible.</p> <p>Contact the following and notify them of the situation:</p>	
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	<ul style="list-style-type: none"> • In supported living settings, the individual's case manager, or the case management vendor's 24hr crisis line if the case manager is not immediately available; • A manager with the responsible provider company; • The BDDS District Manager; and • Adult Protective Services or Child Protective Services, as indicated; and • Individual's legal representative. <p>File an incident report with BQIS using the DDRS approved electronic format available at https://ddrsprovider.fssa.in.gov/IFUR/ within 24 hours of initial discovery of a reportable incident. The initial incident report should include:</p> <ul style="list-style-type: none"> - Comprehensive description of incident; - Description of circumstances and activities occurring immediately prior to incident; - Description of any injuries sustained during incident; - Description of both the immediate actions taken and actions planned but not yet implemented; and - Listing of each person involved in incident, with a description of the role and staff title, if applicable, of each person involved. <p>Forward copy of electronically submitted incident report to the following people within 24 hours of initial discovery of a reportable incident:</p> <ul style="list-style-type: none"> • APS or CPS (as indicated) for all incidents involving alleged, suspected or actual abuse, exploitation, or death; • The individual's BDDS service coordinator; • The individual's residential provider when receiving residential services; • The individual's case manager when receiving services funded by waiver; • All other service providers identified in the individual's Individualized Support Plan; and 	
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	<ul style="list-style-type: none">• The individual's legal representative, if indicated. Attach policy. Mark as item 18.a	
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Section 19: Collaboration and Quality Control

19.a	<p>The provider will have a written policy that states its commitment to collaborating with individuals' other providers as identified in 460 IAC 6-10-7 and DDRS related policies.</p> <p>The provider's policy shall include:</p> <ul style="list-style-type: none"> • Collaborate with the individual's other service providers to provide services to the individual consistent with the individual's ISP. 460 IAC 6-10-7(a) • Give the individual's case manager access to its quality assurance and quality improvement procedures. 460 IAC 6-10-7(b) • Seizure management system designed by the individual's provider responsible for seizure management. 460 IAC 6-10-7(d); or • Behavioral support plan designed by the individual's provider of behavioral support services. 460 IAC 6-10-7(f) <p>Attach policy. Mark as item 19.a</p>	Required of all providers with the exception of: Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies
19.b	<p>The provider will have a written policy that states its commitment to collaborating with individuals' other providers as identified in 460 IAC 6-10-7 and DDRS related policies.</p> <p>The provider's policy shall include:</p> <p>Medication administration system designed by the individual's provider responsible for medication administration. 460 IAC 6-10-7(c)</p> <p>Attach policy. Mark as item 19.b</p>	Required of all providers with the exception of: Case Management, Behavior Management - Basic, Intensive Behavioral Intervention, Behavior Management - Level 1, Music Therapy, Occupational Therapy, Physical Therapy, Psychological Therapy, Speech Therapy, Recreational Therapy, Transportation
19.c	<p>The provider will have a written policy that states its commitment to collaborating with individuals' other providers as identified in 460 IAC 6-10-7 and DDRS related policies.</p> <p>The provider's policy shall include:</p> <p>That If an individual dies, a provider shall cooperate with the provider responsible for conducting an investigation into the individual's death. 460 IAC 6-25-9 460 IAC 6-10-7(g)</p> <p>Attach policy. Mark as item 19.c</p>	Required of all providers

Section 20: Human Rights Committee

20.a	<p>If the provider operates a Human Rights Committee (HRC), they must have a written HRC policy that includes: Authorization by:</p> <ul style="list-style-type: none"> • The executive director or board of directors of the provider company(s) establishing the committee; or • The director or designee for DDRS established Human Rights Committees; <p>A chairperson who:</p> <ul style="list-style-type: none"> • Is not an owner, director, officer, employee, contractor, subcontractor or agent of a BDDS approved provider entity authorizing the committee; and • Is responsible for coordinating the committee's functions; <p>Description of the committee's functions, including review of:</p> <ul style="list-style-type: none"> • The use of restrictive interventions with an individual; and • Other human rights issues for individuals. <p>In addition to the chairperson consist of:</p> <ul style="list-style-type: none"> • At least one person who meets Behavioral Support Services provider qualifications per 460 IAC 6-4.3-2; • At least one person with one or more years of work experience in the field of developmental disabilities who is: A physician; A licensed nurse; or A person who holds at minimum of a bachelor's degree in: Occupational Therapy; Physical Therapy; Speech-Language Pathology; Sociology; Special Education; Rehabilitation; Psychology, or Other related human services field; • At least one person with a developmental disability. 	<p>Required of all providers with the exception of: Respite, Participant Assistance Care, Case Management, Psychological Therapy, Speech Therapy, Music Therapy, Occupational Therapy, Physical Therapy, Recreational Therapy, Transportation, Environmental Modification, Personal Response System, Specialized Medical Equipment and Supplies, Transportation</p>
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	<p>Require participation of:</p> <ul style="list-style-type: none">• Minimum of 3 members for any meeting during which decisions involving individual entitlements or rights are made, and <p>Disallow participation in committee deliberation and decision making by members of the IST of the individual whose entitlements or rights are being addressed. 460 IAC 6-10-12; DDRS Policy: Human Rights Committee, eff. 2-21-11</p> <p>Attach policy. Mark as item 20.a</p>	
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Section 21: Quality Assurance and Quality Improvements

21.a	<p>A provider shall have an internal quality assurance and quality improvement system that is focused on the individual; and appropriate for the services being provided. A provider will have a written process for the following:</p> <ul style="list-style-type: none">▪ An annual survey of individual satisfaction;▪ Maintain a record of findings from the annual individual satisfaction surveys;▪ Have documentation of efforts to improve service delivery in response to survey findings;▪ An assessment of the appropriateness and effectiveness of each service provided to an individual.▪ A process for:<ul style="list-style-type: none">– analyzing data concerning reportable incidents;– developing recommendations to reduce the risk of future incidents; and– monthly review of the risk reduction plan to assess progress and effectiveness. <p>460 IAC 6-10-10(b)(5)(A), (b)(5)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;</p> <p>Attach documented process. Mark as item 21.a</p>	Required of all providers.
21.b	<p>If medication is administered to an individual by a Provider, a process for:</p> <ul style="list-style-type: none">▪ Identification of medication errors;▪ Analyzing data on medication errors and the persons responsible for them. 460 IAC 6-10-10(b)(6)(A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;▪ Developing and implementing a risk reduction plan to mitigate and eliminate future medication errors. 460 IAC 6-10-	Required of all providers that administer medication.

	<p>10(b)(6)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;</p> <p>A monthly review of the risk reduction plan to assess progress and effectiveness. 460 IAC 6-10-10(b) (6) (C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.</p> <p>Attach documented process. Mark as item 21.b</p>	
21.c	<p>If Behavioral Supports are provided by the provider, a process for:</p> <ul style="list-style-type: none">▪ Tracking of target behaviors;▪ Analysis of the individual's targeted behavior data and behavioral health. 460 IAC 6-10-10(b) (7) (A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11; Development and implementation of proactive and reactive strategies to improve the individual's behavioral health. <p>460 IAC 6-10-10(b)(7)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;</p> <ul style="list-style-type: none">▪ Review of proactive and reactive strategies to assess progress and effectiveness. <p>460 IAC 6-10-10(b) (7) (C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.</p> <p>Attach documented process. Mark as item 21.c</p>	<p>Required of all providers that provide behavioral supports.</p>

Signatures and Contact Information

The owner or an authorized officer of the business entity must complete this section. Failure to complete this section will result in an automatic denial of the application.

I certify, under penalty of law that the information stated in this DDRS Service Provider Application for the Bureau of Developmental Disabilities Services is correct and complete to the best of my knowledge. I am aware that, should an investigation at any time indicate that the information has been falsified; I may be considered for suspension from the program and/or prosecution for Medicaid Fraud. I hereby authorize the Indiana Family and Social Services Administration to make any necessary verifications of the information provided herein, and further authorize and request each education institution, medical/license board or organization to provide all information that may be required in connection with my application for participation in the Indiana Medicaid Waiver Program. All providers are required to adhere to the Indiana Administrative Code 460 IAC 6 in addition to all policies and procedures released by FSSA, DDRS and BDDS.

By signing below, I acknowledge and fully understand that the documentation submitted may be subject to public inspection under the Indiana Access to Public Records Act (IC 5-14-3).

Name of Provider and Applicable D/B/A

Signature of Chief Executive Officer (CEO)

Print Name of CEO

Date (month, day, year)

Telephone Number and Email Address

Contact Name for Document Submission

Contact Telephone Number and Email Address